



# MARSHALLTOWN Education Partnership

Today's Date: \_\_\_\_\_ MHS Graduation Year: \_\_\_\_\_ MCC ID # \_\_\_\_\_

## New Student Application

Applications will be considered complete once all required documentation is submitted and reviewed.

### PART I: STUDENT INFORMATION

Full Name: \_\_\_\_\_  
(Last) (Middle) (First)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is it ok to text your mobile phone?  Yes  No

School Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
\_\_\_\_\_ @[marshalltown.k12.ia.us](mailto:marshalltown.k12.ia.us)

Do you respond better to a phone call or email?  Phone  Email

Gender:  Female  Male Are you Hispanic:  Yes  No

Are you a DACA Student?  Yes  No Race: (Check all that apply to you)  American

Indian/ Alaskan Native  Asian  
What other language(s) do you speak (English, Spanish, Karen, etc.) \_\_\_\_\_  Black or African American  Native

Hawaiian / Pacific Islander  White  
T-Shirt Size: \_\_\_\_\_  Other

### PART II: PARENT INFORMATION

Which parent(s) do you regularly reside with?  Father  Mother  Both  Neither  
If neither, please specify who you reside with? \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Father's Email: (Optional): \_\_\_\_\_  
What language(s) would this parent like to receive information in? \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Mother's Email: (Optional): \_\_\_\_\_  
What language(s) would this parent like to receive information in? \_\_\_\_\_

Has your father received/ earned a 4-year college degree?  Yes  No  Unsure

### PART III: INCOME (MUST BE COMPLETED BY A PARENT/GUARDIAN)

Does your student receive free or reduced lunch?  Yes  No  Unsure

How many members are in your family? \_\_\_\_\_ What is your annual income? \_\_\_\_\_

*\*If your student does not receive free/reduced lunch, please attach a copy of your family's most recent tax returns to this application or contact MEP Coordinator to submit directly.*

### PART IV: RELEASE OF INFORMATION

I authorize the MEP Program Coordinator permission to:

- Gather information concerning all my student's academic progress including, but not limited to, high school grades, transcripts, ranking, GPA, attendance records, college entrance and placement tests, and other related information requested by the Marshalltown Education Partnership.
- Gather information for follow up regarding transfer and progress to a 4-year institution
- Have access to Infinite Campus, Jenzabar, EX, and other student information systems.
- Request information about the student's eligibility for free/reduced lunch
- Text my student or contact them through social media as a means to communicate with them regarding academic questions or concerns
- Use my students name and phot in college media sources and on the MEP flyers, brochures, newsletters, and related publications.

### PART V: AFFIDAVIT OF TRUTH STATEMENT

I give consent to the release of my information as written above, and hereby state that the information provided in this document is to the best of my knowledge, correct.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Submit this complete application to:

**Ryan Flack, MEP Program Coordinator**  
Marshalltown High School  
(641) 754-1130 Ext. 1120  
[rflack@marshalltown.k12.ia.us](mailto:rflack@marshalltown.k12.ia.us)  
Marshalltown Community College

*(641) 844-5798*